

L160002026de1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

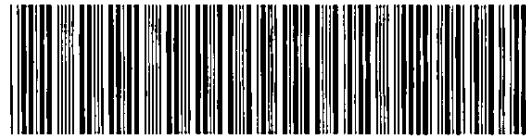
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JUL 10 2017

D. SCOTT
JUL 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEGIS CONTROLS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Espinosa
Name of Person

AEGIS CONTROLS LLC
Firm Company

1581 WEST 49 STREET
Address

HALEAH, FL 33012
City, State and Zip Code

INFO @ AEGISCONTROLS.NET
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Espinosa at 305, 986-1373
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

17 JUL -5 11 30 20

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AEGIS CONTROLS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/03/2016 and assigned Florida document number L16000202661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pragmatique Legal, PLLC

New Registered Office Address

One Biscayne Tower, 2 S. Biscayne Blvd., Ste 3460
Enter Florida street address

Miami

Florida

33131

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Aruso Arce	1581 West 49 th Street	☐ Add
		Hialeah, FL 33010	☒ Remove
			☐ Change
MGR	Albert Espinosa	1581 West 49 th Street	☒ Add
		Hialeah, FL 33010	☐ Remove
			☐ Change
AMBR	Michael Enriquez	1581 West 49 th Street	☒ Add
		Hialeah, FL 33010	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

6/19/17

Signature of a member or authorized representative of a member

Acting Area

Typed or printed name of signee